

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-017266

STATE FILE NUMBER

FILED JUN 8 1959

Registration District No. 115-116

Primary Registration District No. 3020

Registrar's No. 129

300
1-57

1. PLACE OF DEATH a. COUNTY Franklin				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY			
b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN Washington				Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN St. Louis	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Francis Hosp				Length of stay in 1b		d. STREET ADDRESS (If outside, give location) 3943 Utah St	
3. NAME OF DECEASED (Type or print) First MARY Middle K. Last SINOVCIC				4. DATE OF DEATH Month 6 Day 1 Year 1959			
5. SEX Female		6. COLOR OR RACE White		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH 1-15-1909	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) Illinois		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME ROBERT BRODERICK				13b. MOTHER'S MAIDEN NAME KATHERINE MACOBICA		14. NAME OF HUSBAND OR WIFE MATE SINOVCIC	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No				16. SOCIAL SECURITY NO. 498-20-253		17. Informant Mate Sinovcic Address 3943 Utah St	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE Multiple fractures of rib cage with lacerations of lung and aorta and						INTERVAL BETWEEN ONSET AND DEATH 2 days	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Fractures of 1st, 2nd and 3rd ribs DUE TO (c) and left laceration						19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Fractures of 1st, 2nd and 3rd ribs and left laceration							
20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>				20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) deceased was passenger in auto involved in collision			
20c. TIME OF INJURY Hour 3:30 p.m. Month 5 Day 30 Year 1959				20d. PLACE OF INJURY (e.g., in or about home, farm, store, street, office bldg., etc.) highway 66 near Stanton Franklin Mo.			
20e. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>				20f. CITY, TOWN, OR LOCATION Stanton Franklin Mo.			
21. I attended the deceased from Death occurred at 8:45-1959 to 6-1-1959 and last saw him alive on 6-1-1959				21. I attended the deceased from Death occurred at 8:45-1959 to 6-1-1959 and last saw him alive on 6-1-1959			
22a. SIGNATURE Dr. Edmund M. Conrad				22b. ADDRESS Union Mo		22c. DATE SIGNED 6/1/59	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 6-4-1959		23c. NAME OF CEMETERY OR CREMATORY St. Peter and Paul		23d. LOCATION (City, town, or county) (State) 7020 Gravois Ave Mo	
24. FUNERAL DIRECTOR Gezenheim Bros				25. DATE RECD. BY LOCAL REG. 6/2/59		26. REGISTRAR'S SIGNATURE Richardmann	

(Licensed Embalmer's Statement on Reversed Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

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FEB 16 1963

MAR 13 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by, Student Embalmer No. working under my personal supervision.

Student
Signature of Student Embalmer

Signed Van M. Sigmon

Licensed Embalmer No. 4343

P. O. Address St. Louis Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting. --

If this body is not embalmed, fact should be so stated above.